

## Children's Integrated Services Specialized Child Care Request for Retroactive Payment

Agency Name: \_\_\_\_\_

Specialist Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_ License #: \_\_\_\_\_

Part 3: Specialized Child Care agreement entered in BFIS?  Yes  No

**State Office Use Only:**

Date Part 3 Entered in BFIS: \_\_\_\_\_

Date Form Received by CIS: \_\_\_\_\_

Date Form Received by CCFAP: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Child Party ID & Initials	CCFAP Case ID	Authorization Start Date	Authorization End Date	Number of STARS Program Achieved	Period of Service for Retroactive Payment (date from and to)

Attendance records are attached (for retroactive payments attendance records must be included with request)

Total amount requested: \_\_\_\_\_ DCF Family Services Division Social Worker: \_\_\_\_\_

Describe why the child/ren were enrolled in the program without specialized child care services status; the process to ensure the Provider Agreement Specialized Child Care Services, Part 3 is sent to CDD; and the plan for reducing the need to pay retroactively in the future. Attach additional documentation as appropriate:

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**Send to:**

Send to Specialized Child Care  
Children's Integrated Services  
Email: [jill.pearl@vermont.gov](mailto:jill.pearl@vermont.gov)

